

SCIMS APPLICANT INFORMATION WORKSHEET

orm PBA Applicant Info. 11/15/04

****Note:** FSN & Tract #'s assigned by Farm Service Agency (FSA)

FSN #:

TRACT #:

ENTITY FILING REQUEST FOR ASSISTANCE IS AN: (Please check applicable box.)INDIVIDUAL ☐CORPORATION ☐TRUST ☐Articles of Inc. ☐Trust Documents ☐PARTNERSHIP ☐ (or joint venture)Partnership Docs ☐Irrevocable or Revocable: Taxpayer Identification Number / Social Security Number: # *Spouse's Social Security Number: #

*Note: Only if spouse has an interest in the farm and will be signing documents on your behalf.

U.S. CITIZEN ☐REGISTERED ALIEN ☐FOREIGN PERSON ☐ENTITY NAME:
(Name of Individual or
Business)RACE: SEX:

Employee or Committee Member of FSA? Y/N

☐DATE OF BIRTH: VETERAN? (Y/N): **MAILING ADDRESS:**Street: DISABLED? (Y/N): City: Zip: If disabled, what type? PHONE: Business: Residence:

FARM ADDRESS (if different from mailing address):

Tax Map Key: Street: City: Zip:

DO YOU HAVE ANY OUTSTANDING FARM LOANS WITH FSA? (Y/N)

☐**DO YOU LEASE OR OWN THE SUBJECT PARCEL?** (Please Check one box)LEASE ☐OWN ☐OTHER ☐ (family farm, etc.)Copy of Lease ☐Copy of Deed ☐Verification of Lease ☐ (FSA approved)SUBLEASED? (Y/N) Prop. Tax Assmnt Card ☐

TYPE OF FARM (vegetable, livestock, nursery, etc.):

TYPE OF CROP/LIVESTOCK (taro, hog, orchid, etc.):

Total Farmland Acres: Cropland Acres: Other Acres: (forest, grazing, etc.)Previous NRCS determinations on farmland? (Y/N): ***** COMPLETE BOTTOM SECTION ONLY IF LEASING FARMLAND *****LANDOWNER NAME: TAX ID NUMBER:

MAILING ADDRESS:

Street: City: Zip: PHONE: MASTER LESSEE NAME: (if producer is subleasing)TAX ID NUMBER:

MAILING ADDRESS:

Street: City: Zip: PHONE: